### DEPARTMENT OF THE NAVY



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### SECNAV INSTRUCTION 6410.1A

From: Secretary of the Navy

Subj: UTILIZATION OF NAVAL FLIGHT SURGEONS, AEROSPACE MEDICINE PHYSICIAN ASSISTANTS, AVIATION MEDICAL EXAMINERS, AEROSPACE MEDICINE TECHNICIANS, AND SENIOR REGIONAL FLIGHT SURGEONS

Ref: (a) OPNAVINST 3710.7V

- (b) OPNAVINST 3750.6S
- (c) NAVMED P-117
- (d) The Naval Flight Surgeon's Guide to Duties and Responsibilities, 4th Edition (2005)
- (e) The Naval Flight Surgeon's Pocket Reference to Aircraft Mishap Investigation, 6th Edition (2006)
- (f) COMNAVAIRPAC/COMNAVAIRLANTINST 6000.2
- (q) SECNAV M-5214.1
- (h) Health Service Support Operations, Marine Corps Warfighting Publication 4-11.1 (2012)
- (i) SECNAVINST 5200.35F

# Encl: (1) Acronyms

- (2) Duties and Responsibilities of Naval Flight Surgeons, Aerospace Medicine Physician Assistants, Aviation Medical Examiners, Aerospace Medicine Technicians, Senior Regional Flight Surgeons, and Supporting Commands
- 1. <u>Purpose</u>. To establish Department of the Navy policy for both operational and Medical Treatment Facility (MTF) Commanders as guidance on the allocation and utilization of Naval Flight Surgeons (FSs), Aerospace Medicine Physician Assistants (APAs), Aviation Medical Examiners (AMEs), Aerospace Medicine Technicians (AVTs), and the Senior Regional Flight Surgeon (SRFS) program and network. A list of acronyms is contained in enclosure (1).
- 2. Cancellation. SECNAVINST 6410.1.

- 3. Applicability. This instruction applies to the Offices of the Secretary of the Navy (SECNAV), the Chief of Naval Operations (CNO), the Commandant of the Marine Corps (CMC), and all U.S. Navy, U.S. Marine Corps installations, commands, activities, field offices, and all other organizational entities.
- 4. Policy. The need for specialized medical capabilities to support an effective aviation safety program has been acknowledged by both the aviation and medical communities per references (a) through (c). In addition to serving as the unit's primary care clinician and in concert with APAs, AMEs, AVTs, and other naval aeromedical safety assets, FSs practice preventive medicine and apply aeromedical knowledge and practical aviation experience to mishap investigations, aviator evaluation boards, human factors evaluations, and aeromedical teaching. Aeromedical safety personnel can most effectively fulfill their responsibility of preventing accidents, improving military readiness and determining the best aeromedical patient disposition through frequent, close personal observation of the unit personnel in the unit work and flight environments.

## 5. Responsibilities

- a. The Assistant Secretary of the Navy for Manpower and Reserve Affairs (ASN (M&RA)) is responsible for the management oversight for the allocation and utilization of Naval Flight Surgeons (FSs), Aerospace Medicine Physician Assistants (APAs), Aviation Medical Examiners (AMEs), Aerospace Medicine Technicians (AVTs), and the Senior Regional Flight Surgeon (SRFS) program and network.
- b. Per reference (b), the CNO and CMC are assigned responsibility for administration of their Naval Aviation Safety Program. Aeromedical safety is an inherent component of that program.
- c. Chief, Bureau of Medicine and Surgery (CHBUMED) is assigned responsibility for medical support of the operational mission, to include the Naval Aviation Safety Program, selection and training of Naval Aerospace Medical assets. CHBUMED shall, directly or through a Memorandum of Understanding with Defense Health Agency (DHA) medical facilities or any Department of Defense military medical facility where aviation medical care is provided, ensure operational Naval Aerospace Medical assets have dedicated MTF and/or clinic space and all required equipment to perform their duties.

d. Specific duties of FSs and the members of the aeromedical team, specifically APAs, AMEs, and AVTs, per references (c) and (f), are delineated in enclosure (2) along with the Senior Regional Flight Surgeon (SRFS) appointment process, program, and network.

### 6. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned according to the records disposition schedules found on the Directives and Records Management Division (DRMD) portal page:

https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/SitePages/Hom
e.aspx

- b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact your local Records Manager or the DRMD program office.
- 7. Reports. The reporting requirements contained in paragraphs 5a(3) and 6 in enclosure (2) are exempt from reports control per part IV, paragraph 7n of reference (g).

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# ACRONYMS

AERO	Aeromedical Electronic Resource Office
AME	Aviation Medical Examiner
AMS	Aerospace Medicine Specialist
APA	Aerospace Medicine Physician Assistant
AVT	Aerospace Medicine Technician
BSO	Budget Submitting Office
CO	Commanding Officer
CVN	Aircraft Carrier
CVW	Carrier Air Wing
FS	Flight Surgeon
LCPO	Leading Chief Petty Officer
LHA/LHD	Amphibious Assault Ships
MSO	Maritime Security Operations
MTF	Medical Treatment Facility
NOSC	Navy Operational Support Center
PCC	Primary Care Clinician
SMO	Senior Medical Officer
SRFS	Senior Regional Flight Surgeon
TYCOM	Type Commander

# DUTIES AND RESPONSIBILITIES OF NAVAL FLIGHT SURGEONS, AEROSPACE MEDICINE PHYSICIAN ASSISTANTS, AVIATION MEDICAL EXAMINERS, AEROSPACE MEDICINE TECHNICIANS, SENIOR REGIONAL FLIGHT SURGEONS, AND SUPPORTING COMMANDS

- 1. Flight Surgeons. The Flight Surgeon's (FS's) primary duties are to serve both as a key player in the unit's aeromedical safety program and as the primary care clinician (PCC) for their assigned unit's personnel. The significance of the role as a member of the safety program is to prevent accidents and illness and to improve the unit's operational performance and readiness by identifying, modifying, and eliminating hazards to personnel and the mission.
- a. Primary administrative control remains with the command to which the FS is assigned, with duties assigned by the Commanding Officer (CO). COs should communicate and coordinate with their Senior Regional Flight Surgeon (SRFS) to ensure their FSs are incorporated into airfield mishap watch bills and that FS coverage for detachments is weighed against loss of FS PCC duties at their home base or station. When FSs are embarked with their units onboard Aircraft Carrier (CVN) or amphibious assault ships (LHA/LHD), their PCC duties and responsibilities shall be assigned by the ship's Senior Medical Officer (SMO) and remain consistent with this document and reference (f).
- FSs shall spend on average at least 50 percent of their regular duty time in direct support of their assigned squadron(s) usually requiring aeromedical activities to be performed within their squadron spaces and to include mandatory flight time requirements. The remainder of their regular duty time, approximately 50 percent, shall be in support of the Medical Treatment Facility (MTF) and the operational units served by that MTF with priority given to their assigned squadron and then other local operational units. situations may dictate that allocation between the clinic and squadron spaces vary considerably during certain periods of For example, during a mishap investigation, aviator evaluation board, or human factors evaluation, FSs may spend 100 percent of their duty time in direct support of these activities. During periods of embarkation on CVN or LHA/LHD platforms, FSs may routinely spend more than 50 percent of their time directly supporting the ship's Medical Department by performing their PCC duties, standing watch, and participating

in training and drills. References (d) and (e) are the responsibility of the Naval Safety Center and shall be reviewed and updated in accordance with Navy standards. References (d) through (f) establish specific duties and responsibilities for FSs.

- c. Delineation of exact time allocation, duties, chain of command, etc., is established by the CO of the FS's squadron. Either a MTF Officer in Charge or the CO of the squadron supported by the MTF may request a written memorandum of understanding delineating expected MTF duties.
- d. While performing activities in the MTF, the FS should be assigned to the aviation medicine clinic and be primarily responsible for sick call, routine appointments, and aviation physicals. The FS, as the PCC for their command, should be afforded the opportunity to treat personnel of the parent command whenever practical.
- In recognition of the fact that not all aviation commands possess integral aeromedical assets, MTF and/or an associated clinic (Budget Submitting Office-18 (BSO-18)), authorized manning documents frequently include FS billets. The role of these BSO-18 FSs is to provide clinical aeromedical support of aviation personnel whose FSs are not available due to operational commitments or geographic location and to those personnel on flight status not currently assigned to an aviation command or to an aviation command which lacks its own FS, APA, This aeromedical support shall include aviation medicine sick call, and the performance of flight physicals and waiver requests in the Aviation Medicine clinic. required duties shall include providing aeromedical safety support, training and education for local aviation units without assigned aeromedical assets. Examples of these units and personnel would include station aircrew, search and rescue components, air traffic controllers, aviators assigned to aviation maintenance and headquarters commands, and reserve personnel on orders when a Navy Operational Support Center (NOSC) FS is not available. These BSO-18 FSs shall also be allotted an average of 50 percent of their regular duty time to meet their safety obligations and mandatory flight time requirements.

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- f. Reserve personnel who require their flight status to be maintained are served by their assigned Navy Operational Support Center. When a FS is billeted at a NOSC, their primary duty shall be in direct support of the readiness function for the reserve components and personnel who are in a flight status in their region. To facilitate this function, NOSC FSs shall keep in close contact with the reserve FSs assigned to the units supported by their NOSC. NOSC FS will also be responsible for weekend coverage/duty along with the Reserve FSs on drill weekends to provide and help coordinate flight physicals and other aviation medicine related duties at the MTF and/or clinic. When the NOSC FS covers weekend reserve clinic duties, they shall be afforded an equal number of days as liberty during the following work week. NOSC FSs' clinical duty time, approximately 50 percent, shall be in support of the Medical Treatment Facility (MTF) and primarily the activated flight status reserve personnel served by that MTF and/or clinic and secondarily the local active duty operational aviation units.
- Aerospace Medicine Physician Assistants. Aerospace Medicine Physician Assistants (APAs) are Medical Service Corps Officers who have been trained in the clinical aspects of aviation medicine and are fully capable of providing care for all personnel assigned to an aviation unit. Duties include sick call, routine appointments, aviation physical examinations, preparation and submission of requests for waivers of physical standards under the supervision of a Naval Flight Surgeon, AME, or their SRFS. The Aerospace Medicine Physician Assistants are also trained in duties aligned with the aeromedical safety program and can provide support for aviation commands by serving as members of Human Factor Boards, Human Factor Councils, and Mishap Boards. Duties and duty allowances of APAs will reflect those of unit or BSO 18 FSs with the exception of participating in Field Naval Aviator Evaluation Boards or Field Flight Performance Boards.
- 3. Aviation Medical Examiners. Aviation Medical Examiners (AME) are Medical Corps Officers who have been trained in the clinical aspects of aviation medicine and are fully capable of providing care for all personnel assigned to an aviation unit. Duties include sick call, routine appointments, aviation physical examinations, and preparation and submission of requests for waivers of physical standards. The AMEs are NOT trained in duties aligned with the aeromedical safety program

and thus cannot provide this support for aviation commands. Therefore, they cannot participate in aviation mishap investigations, Field Naval Aviator Performance Boards or Field Flight Performance Boards, Human Factors Boards, or Human Factors Councils. The AMEs are not assigned to duties in a flying status. Because of the minimal safety program role AMEs play, they are primarily assigned to BSO-18 commands. However, within these commands, they should be allowed at least ten percent of their regular duty time to attend to the increased administrative requirements of executing flight waivers.

- 4. <u>Aerospace Medicine Technicians</u>. The primary responsibility of the Aerospace Medicine Technician (AVT) is to support the medical readiness programs of both shore and sea based aviation platforms. The AVT is responsible for:
- a. The efficient processing of aviation physical examinations, and their submission to Naval Aerospace Medical Institute.
- b. Maintenance of both the hard copy and electronic health records per reference (c).
- c. Maintenance of medical readiness information systems including the Shipboard Automated Medical System, Medical Readiness Reporting System, Aeromedical Electronic Resource Office, and the Military Health Systems electronic health record application for all unit personnel per applicable directives.
- d. The AVTs, when attached to branch health clinics, will carry out all duties and responsibilities assigned by the Aviation Medicine Department Head, Aviation Medicine Leading Chief Petty Officer (LCPO), and the senior FS of the MTF. If no MTF FS or Aviation LCPO exists, the AVT will have their clinical duties assigned by the area Senior Regional Flight Surgeon.
- e. When attached to shore or land based squadrons (Fleet Replacement Squadron, Maritime Aviation), AVTs will support the squadron mission in all areas of medical readiness as assigned by the unit CO via the senior FS.
- f. The AVTs assigned to commands embarked upon CVN or LHA/LHD platforms during training exercises and deployments shall report directly to the medical LCPO Carrier Air Wing (CVW)

and the CVW senior FS or their squadron FS if embarked on an AAS. The AVTs are expected to work in a cooperative, mutually supportive manner and assist with shipboard Medical Department duties. When embarked, they will fall under their ship's or embarked Medical Department's watchbill. While in their home port and not otherwise assigned to squadron spaces, AVTs will work with and through the supporting MTF during regular duty hours. The AVTs shall stand watch at their respective MTFs and/or clinic commensurate to their rank.

- g. When attached to deployable units, AVTs are encouraged to serve as the enlisted aeromedical liaison and safety observer for squadron personnel. The AVT shall be an extension of the FS with responsibility for all personnel health and safety issues.
- h. The AVTs can most effectively fulfill their responsibilities for squadron personnel surveillance, records and administrative support, and FS support through frequent, close observation and interaction with squadron personnel in the unit work environment. The squadron's FS or APA should provide guidance and identify the aeromedical duties of the AVT. The following guidelines for the utilization of the AVT are strongly encouraged:
- (1) The AVTs attached to deployable squadrons should spend a minimum of 40 percent of their regular duty time (two days per five-day work week; two and half days per six-day deployed work week) directly engaged in aeromedical activities in the squadron spaces. Squadron COs via the senior FS, may increase the percentage of time spent in squadron spaces to meet operational goals and objectives. Squadron time should not be scheduled during periods of in-service rate training.
- (2) The unit AVT shall accompany his or her FS or APA and squadron on deployments, carrier qualifications, and other detachments as directed by the squadron CO.
- (3) The unit AVT should actively support the FS or APA in mishap investigations and evaluating physiological episodes.
- 5. <u>Senior Regional Flight Surgeons</u>. The Type Commander (TYCOM) Force Surgeons shall appoint in writing Senior Regional Flight Surgeons (SRFS) to function as regional subject matter experts in Aerospace Medicine and as extensions of their office to

coordinate operational, clinical, and flight operations coverage for all homeport Naval Aviation commands. The SRFS appointment process shall be a TYCOM instruction and incorporated into any Memorandum of Understanding with Defense Health Agency medical facilities or any Department of Defense military medical facility where aviation medical care is provided. Force Surgeons, in conjunction with the Aerospace Medicine Specialty Leader, will determine the regions and quantity of SRFS required to cover their areas of operation. SRFS should be a second tour FS and where possible, board certified Aerospace Medicine Specialists (AMS). The SRFS appointed in many locations is ideally the BSO-18 billeted FS to allow for continuous performance of duties without the interruption of deployments. When the BSO-18 FS is appointed SRFS, the TYCOM Force Surgeon shall inform their Commanding Officer. A SRFS shall be considered the equivalent of a medical facility Department Head and many times may also function as the Aviation or Operational Medicine Department Head at their assigned clinical activity. FSs assigned to Marine Corps billets will follow the Wing/Group/Squadron organizational structure per reference (h).

- a. The SRFS are responsible to their administrative Commanding Officer for their Aviation Medicine clinical time but shall report to their respective TYCOM Force Surgeon for their SRFS duties. SRFS duties will include but not be inclusive of the following and can be adapted as the TYCOM Force Surgeons see fit and per reference (f) to ensure readiness in their respective region and current operational tempo.
- (1) Function as a communication conduit for the TYCOM Force Surgeons, Naval Aerospace Medical Institute, Bureau of Medicine and Surgery, and local MTFs. This will include ensuring their regional aviation personnel are informed and educated on new or revised instructions, policy, and procedures.
- (2) Provide training, oversight, and guidance on aviation waiver submission and ensure timely tracking of flight physical and waiver completion.
- (3) Review monthly squadron medical readiness and report to the TYCOM Force Surgeon on units below standards.

- (4) Coordinate medical and mishap coverage for detachments, humanitarian assistance disaster relief missions, and any other operational mission that requires FS, APA, or AVT assignment.
- (5) Coordinate with regional operational commanders when requested operational medical coverage leaves the clinical Aviation Medical access to care below the required level to support Aviation Medicine physical exams and sick call. There are times when the MTF standard of access to care cannot be met for operational considerations. The occurrence of these should be few and agreed on by the SRFS and regional operational commanders in collaboration with MTF leadership.
- (6) Responsible to ensure flight line mishap coverage for all flight lines in their assigned region.
- 6. Per reference (i), the establishment and use of internal controls and accounting procedures are mandated to ensure: effectiveness and efficiency of operations; reliability of financial reporting; and compliance with applicable laws and regulations. Additionally, as part of the annual Manager's Internal Control Program (MICP) report, the Office of the Chief of Naval Operations will provide the Assistant Secretary of the Navy for Manpower and Reserve Affairs (ASN (M&RA)) with copies of reports that are relevant to MSO. The reports will include summary descriptions of internal controls used, their sufficiency, and any identified weaknesses or deficiencies.